

# Foster Family Home - Corrective Action Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-13

91-739 Poloula Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/14/2020

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. corrective action required to CTA within 30 days

## Foster Family Home

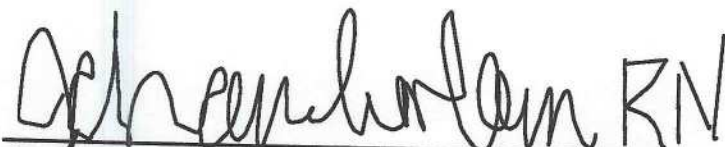
## Records

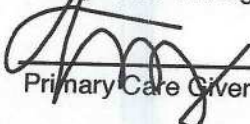
[11-800-54]

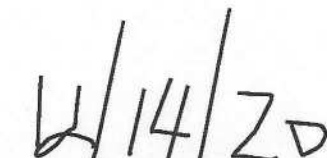
54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 and # 3 where several medication prescription label did not match medication administration record.

  
Compliance Manager

  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Menchie Dawang

(PLEASE PRINT)

CCFFH Address: 91-739 Poloula Place ewa Beach Hawaii 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
Patient	<p>[REDACTED]</p> <p>Queens Medical Center discharge note per MD noted [REDACTED] as ordered.</p> <p>[REDACTED]</p>	NA	<p>RN [REDACTED] reviewed discharge medications with primary caregiver, [REDACTED]. The label is dated 11/02/20. The changes are noted from [REDACTED] on 11/16/2020. No problems without will checks at [REDACTED] as label and same as discharge orders. Pharmacist unaware.</p>

☒ All items that were fixed are attached to this CAP

PCG's Signature: Menchie Dawang

Date: 12/14/20

☒ CTA has reviewed all corrected items